320 NORTH 7TH STREET

CORNELL 54732 Phone: (715) 239-6288 Ownershi p: Corporati on Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/01): **50** Yes Total Licensed Bed Capacity (12/31/01): 50 Title 19 (Medicaid) Certified? Yes Average Daily Census: 44 Number of Residents on 12/31/01: 45 *********************

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/31	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	33. 3
Supp. Home Care-Personal Care	No					1 - 4 Years	48. 9
Supp. Home Care-Household Services	No	Developmental Disabilities	2. 2	Under 65	8. 9	More Than 4 Years	17. 8
Day Services	No	Mental Illness (Org./Psy)	40. 0	65 - 74	6. 7		
Respite Care	No	Mental Illness (Other)	4. 4	75 - 84	35. 6		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	44. 4	**********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.0	95 & 0ver	4. 4	Full-Time Equivalen	ıt
Congregate Meals	Yes	Cancer	0. 0	ĺ		Nursing Staff per 100 Re	si dents
Home Delivered Meals	Yes	Fractures	2. 2	j	100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	20.0	65 & 0ver	91. 1	` iiii	
Transportation	No	Cerebrovascul ar	11. 1	'		RNs	7.4
Referral Service	No	Di abetes	6. 7	Sex	%	LPNs	11. 1
Other Services	Yes	Respiratory	11. 1		·	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	2. 2	Male	35. 6	Aides, & Orderlies	38. 7
Mentally Ill	No			Female	64. 4		
Provi de Day Programming for			100.0	İ			
Developmentally Disabled	No			ĺ	100. 0		
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Method of Reimbursement

		Medicare Title 18			edicaid itle 19	-		0ther			Pri vate Pay	;		amily Care			anaged Care	l		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	1	3. 6	106	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	1	2. 2
Skilled Care	5	100.0	277	25	89. 3	92	0	0.0	0	10	83. 3	117	0	0.0	0	0	0.0	0	40	88. 9
Intermediate				1	3. 6	66	0	0.0	0	2	16. 7	117	0	0.0	0	0	0.0	0	3	6. 7
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				1	3.6	131	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	2. 2
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	5	100.0		28	100.0		0	0.0		12	100.0		0	0.0		0	0.0		45	100. 0

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti	ons, Servi ces	s, and Activities as of 12/	31/01
Deaths During Reporting Period		`					
		ľ		9	Needi ng		Total
Percent Admissions from:		Activities of	%	Ass	istance of	% Totally	Number of
Private Home/No Home Health	3. 2	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	0.0		68. 9	31. 1	45
Other Nursing Homes	6. 3	Dressi ng	15. 6		53. 3	31. 1	45
Acute Care Hospitals	88. 9	Transferring	37. 8		35. 6	26. 7	45
Psych. HospMR/DD Facilities	0.0	Toilet Use	28. 9		42. 2	28. 9	45
Rehabilitation Hospitals	0.0	Eati ng	80. 0		8. 9	11. 1	45
Other Locations	1.6	*********	**********	******	******	*********	******
Total Number of Admissions	63	Conti nence		%	Special Trea	itments	%
Percent Discharges To:		Indwelling Or Externa		0.0	Recei vi ng	Respiratory Care	13. 3
Private Home/No Home Health	26. 7	Occ/Freq. Incontinent	of Bladder	55. 6	Recei vi ng	Tracheostomy Care	0. 0
Private Home/With Home Health	21. 7	Occ/Freq. Incontinent	of Bowel	35. 6	Recei vi ng	Sucti oni ng	2. 2
Other Nursing Homes	5. 0	_			Recei vi ng	Ostomy Care	0. 0
Acute Care Hospitals	10.0	Mobility			Recei vi ng	Tube Feeding	0. 0
Psych. HospMR/DD Facilities	0.0	Physically Restrained		0. 0	Recei vi ng	Mechanically Altered Diets	24. 4
Rehabilitation Hospitals	0.0				_	· ·	
Other Locations	1. 7	Skin Care			Other Reside	ent Characteristics	
Deaths	35.0	With Pressure Sores		0. 0	Have Advar	nce Directives	66. 7
Total Number of Discharges		With Rashes		6. 7	Medi cati ons		
(Including Deaths)	60				Recei vi ng	Psychoactive Drugs	57. 8
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************************************ Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	Ownershi p:		Bed	Si ze:	Li c	ensure:				
	Thi s	Pro	pri etary	50	- 99	Ski	lled	Al	l	
	Facility	ty Peer Group		Peer	Group	Peer	Group	Facilities		
	%	%	Ratio	%	Ratio	%	Ratio	%	Rati o	
Occupancy Rate: Average Daily Census/Licensed Beds	88. 0	82. 7	1. 06	85. 1	1. 03	84. 3	1. 04	84. 6	1. 04	
Current Residents from In-County	77. 8	82. 1	0. 95	80. 0	0. 97	82. 7	0. 94	77. 0	1. 01	
Admissions from In-County, Still Residing	17. 5	18. 6	0. 94	20. 9	0. 83	21. 6	0. 81	20. 8	0. 84	
Admi ssi ons/Average Daily Census	143. 2	178. 7	0. 80	144. 6	0. 99	137. 9	1. 04	128. 9	1. 11	
Discharges/Average Daily Census	136. 4	179. 9	0. 76	144. 8	0. 94	139. 0	0. 98	130. 0	1. 05	
Discharges To Private Residence/Average Daily Census	65. 9	76. 7	0. 86	60. 4	1.09	55. 2	1. 19	52. 8	1. 25	
Residents Receiving Skilled Care	91. 1	93. 6	0. 97	90. 5	1.01	91.8	0. 99	85. 3	1. 07	
Residents Aged 65 and Older	91. 1	93. 4	0. 98	94. 7	0. 96	92. 5	0. 99	87. 5	1. 04	
Title 19 (Medicaid) Funded Residents	62. 2	63. 4	0. 98	58. 0	1. 07	64. 3	0. 97	68. 7	0. 91	
Private Pay Funded Residents	26. 7	23.0	1. 16	32. 0	0.83	25. 6	1.04	22. 0	1. 21	
Developmentally Disabled Residents	2. 2	0. 7	3. 17	0. 9	2.43	1. 2	1.89	7. 6	0. 29	
Mentally Ill Residents	44. 4	30. 1	1. 48	33. 8	1. 31	37. 4	1. 19	33. 8	1. 32	
General Medical Service Residents	2. 2	23. 3	0. 10	18. 3	0. 12	21. 2	0. 10	19. 4	0. 11	
Impaired ADL (Mean)	47. 1	48.6	0. 97	48. 1	0. 98	49. 6	0. 95	49. 3	0. 96	
Psychological Problems	57. 8	50. 3	1. 15	51.0	1. 13	54. 1	1.07	51. 9	1. 11	
Nursing Care Required (Mean)	5.8	6. 2	0. 94	6. 0	0. 97	6. 5	0.89	7. 3	0.80	